



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E348591**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-01815
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	07 - 31 - 2014	TIME (2400)	0113	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

92 DR SE BLOCK NO. ☒ 1800

MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) ☐ N ☐ E ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☐ PHONE ☐

LAST NAME UNKNOWN FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX U D.O.B. MMDDYYYY ☐

ON DUTY ☐ STATUS ☐ AIRBAG 9 RESTR. 9 EJECT 1 HELMET USE 9 INJURY CLASS 0 NATURE OF INJURIES ☐

LICENSE PLATE # AMK7018 STATE WA VIN# 1GNDM19W7XB114022

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR 1999 MAKE CHEV MODEL ASTRO STYLE IC VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. LORENA FLORES 9931 18TH AVE W, #17 EVERETT WA 98204

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CHARGE ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME UNKNOWN FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX U D.O.B. MMDDYYYY ☐

ON DUTY ☐ STATUS ☐ AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 9 INJURY CLASS 1 NATURE OF INJURIES ☐

LICENSE PLATE # AIV1281 STATE WA VIN# 1GNEL19X25B109632

TRAILER PLATE # ☐ STATE WA TRAILER PLATE # ☐ STATE ☐

VEH. YEAR 2005 MAKE CHEV MODEL ASTRO STYLE IC VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CARRIE MASTON 1828 92ND DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # ☐ CHARGE ☐

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐



OFFICER'S NAME (PRINT) N. ADAMS #127 BADGE OR ID # 127 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E348591**

CASE # **14-01815**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HELVEY CAMERON B																
ADDRESS & PHONE #		1833 92 DR SE LAKE STEVENS WA 98258 4255331684					SEX	M	D.O.B. MMDDYYYY	11	-	15	-	1977				
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		-		-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #							SEX		D.O.B. MMDDYYYY		-		-					
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 07/31/14 at about 0113 hours vehicle 2 was legally parked on the street in front of 1828 92nd Dr SE in the city of Lake Stevens.

Vehicle 1 pulled into the front yard of the residence across the street and rapidly reversed into vehicle 2's rear quarter panel on the driver's side causing damage.

Vehicle 1 then fled the scene.

Digital photographs of the vehicle damage were taken at the place where the crime had occurred. These photographs were later placed on a compact disk and booked into the Lake Stevens Police Department evidence room as evidence to the fact.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127		08-11-14 08:42 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLAID SIGNED
APPROVED BY ROBERT MINER 095		DATE 8/13/2014 7:33:06 AM	
BADGE OR ID #	127	ORI #	WA0311900
TIME POLICE DISPATCHED		1:13 AM	TIME POLICE ARRIVED
			1:28 AM

NOT OBSERVED

STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 14-01815	
	TYPE OF REPORT <input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT		<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER:	
	INCIDENT CLASSIFICATION Hit And Run/ Unoccupied		LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL		<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED	
	ADDRESS / LOCATION OF INCIDENT 1828 92nd Dr SE, LKS		PREMISES TYPE / NAME City Street		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>	
P E R S O N S / B U S I N E S S E S	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO	
	MONTH 07	DAY 31	YEAR 14	TIME 0113	DOW Thu	MONTH 07
	DAY 31	YEAR 14	TIME 0113	DOW Thu	MONTH 07	DAY 31
	YEAR 14	TIME 0113	DOW Thu	MONTH 07	DAY 31	YEAR 14
S U S P E C T / S U B J E C T	ADDITIONAL <input checked="" type="checkbox"/> PERSONS <input checked="" type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD	
	NO. V1		NAME (LAST, FIRST, MIDDLE) Morehouse, Lance, J.		RACE W	
	STREET ADDRESS 1828 92nd DR SE		CITY Lake Stevens		STATE WA	
	RESIDENCE PHONE 425-335-0968		BUSINESS PHONE		OCCUPATION	
V E H I C L E / B O A T	NO. W1		NAME (LAST, FIRST, MIDDLE) Helvey, Cameron, B		RACE W	
	STREET ADDRESS 1833 92nd DR SE		CITY Lake Stevens		STATE WA	
	RESIDENCE PHONE 425-533-1684		BUSINESS PHONE		OCCUPATION	
	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT:		SUSPECT CODES:		A - ARREST R - RUNAWAY	
S I G N A T U R E	NO. X		NAME (LAST, FIRST, MIDDLE) Colchado Flores, Francisco J.		RACE W	
	STREET ADDRESS 9931 18th Ave W #17		CITY Everett		STATE WA	
	EMPLOYMENT / OCCUPATION / SCHOOL		BUS. PHONE		SOCIAL SECURITY NUMBER	
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #	
S T A T U S	ARREST DATE		LOCATION OF ARREST		CHARGES	
	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	JUV. PARENT GDN. NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME / RELATIONSHIP OF PERSON NOTIFIED		DATE / TIME NOTIFIED	
	VEHICLE CODES:		<input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE	
NO. 1		LICENSE NUMBER AIV1281		STATE WA		
VIN / HULL NUMBER 1GNEL19X25B109632		YEAR 05		MAKE CHEVY		
MODEL ASTRO		STYLE VAN		COLOR WHI		
VEHICLE DISPOSITION <input checked="" type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		TOW COMPANY NAME / ADDRESS / PHONE		STATE TOW NO.		
LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO		KEYS IN VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		DELINQ. PAYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
VICTIM CONSENT <input type="checkbox"/> YES <input type="checkbox"/> NO		THEFT INS. <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVE- ABLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
DAMAGE TO VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 5 3 1 8 6 4 2		
MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.		<input type="checkbox"/> RELEASED PROPERTY TO		<input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE		
<input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE		<input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY		<input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING		
OFFICER NAME / NUMBER N. Adams #127		AREA S		OFFICER NAME / NUMBER K. Bernhard #120		
PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		APPROVED BY [Signature]		
FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input type="checkbox"/> MARYS <input type="checkbox"/> EVGRN		DATE ENTERED 2/5/14		

14-01815

LSPD
ORIGINAL

ADDITIONAL PERSONS / VEHICLES

AGENCY NAME LAKE STEVENS POLICE DEPT.				INCIDENT CLASSIFICATION Hit and Run/Unoccupied				INCIDENT NUMBER 14-01815									
ADDL ON SUPP		<input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE		I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / CLUB		P - POLICE O - OTHER U - LINK	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	
NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES				
STREET ADDRESS						CITY			STATE		ZIP CODE						
RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NUMBER		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#		RELAT.	

SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER							
NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES		
ALIAS NAME(S)					IDENTIFIERS										
STREET ADDRESS					CITY			STATE		ZIP		RES. PHONE			
EMPLOYMENT / OCCUPATION / SCHOOL					BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:			STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES			CITATION / WARRANT # / AGENCY			BAIL			
ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F			2. <input type="checkbox"/> M <input type="checkbox"/> F			3. <input type="checkbox"/> M <input type="checkbox"/> F			
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>	
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED			NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>				
NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES		
ALIAS NAME(S)					IDENTIFIERS										
STREET ADDRESS					CITY			STATE		ZIP		RES. PHONE			
EMPLOYMENT / OCCUPATION / SCHOOL					BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:			STATE			
IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES			CITATION / WARRANT # / AGENCY			BAIL			
ARREST DATE		LOCATION OF ARREST				1. <input type="checkbox"/> M <input type="checkbox"/> F			2. <input type="checkbox"/> M <input type="checkbox"/> F			3. <input type="checkbox"/> M <input type="checkbox"/> F			
AFFILIATION		ON VIEW ARREST <input type="checkbox"/>		CITED Y <input type="checkbox"/> N <input type="checkbox"/>		STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN		CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED		ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>	
JUV. PARENT GDN. NOTIFIED Y <input type="checkbox"/> N <input type="checkbox"/>		NAME / RELATIONSHIP OF PERSON NOTIFIED				DATE / TIME NOTIFIED			NOTIFIED BY:		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input type="checkbox"/>				

VEHICLE CODES:		<input type="checkbox"/> STOLEN #		<input type="checkbox"/> LOCATED		<input type="checkbox"/> SEIZED		<input type="checkbox"/> DAMAGED / VANDALIZED		<input type="checkbox"/> VICTIM'S VEH.		<input type="checkbox"/> HOLD FOR:	
<input type="checkbox"/> RECOVERED #		<input type="checkbox"/> TOWED		<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> ABANDONED		<input checked="" type="checkbox"/> OTHER		<input checked="" type="checkbox"/> SUSPECT'S VEH.			
NO.	LICENSE NUMBER	STATE	VIN / HULL NUMBER			YEAR	MAKE	MODEL	STYLE				
2	AMK7018	WA	1GNDM19W7XB114022			99	CHEVY	ASTRO	VAN				
COLOR	SPECIAL FEATURES / DESCRIPTION			VALUE \$			DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # X1		REGISTERED OWNER'S NAME Lorena Colchado Flores				
VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input checked="" type="checkbox"/> DRIVEN AWAY			TOW COMPANY NAME / ADDRESS / PHONE			STATE TOW NO.		REGISTERED OWNER'S ADDRESS 9931 18 th Ave W, #17, Everett, WA					
LOCKED	KEYS IN VEHICLE	DELINQ. PAYMENT	VICTIM CONSENT	THEFT INS.	DRIVE- ABLE	DAMAGE TO VEHICLE	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7	5	3	1	DAMAGE EST \$
Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			8	6	4	2	

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run/Unattended	INCIDENT NUMBER 14-01815
NAME OF VICTIM(S) Morehouse, Lance J.		

NARRATIVE:

On 07/31/14 at about 0113 hours (all times approximate) Officer Bernhard and I were dispatched to a collision at 1828 92nd Dr SE in the city of Lake Stevens.

The reporting party, Cameron B. Helvey (DOB 1977), said he witnessed a green/blue van pull onto his front lawn, rapidly reverse across the street into a legally parked van on the street in front of 1828 92nd Dr SE, then wildly drive away.

Helvey said he followed the suspect's vehicle up 92nd and across 91st where it stopped. Helvey said a young man, 16-19 years old, wearing a bandana around his face jumped out the suspect vehicle into another person's front yard.

Helvey tried to block the van in when the suspect vehicle began to drive away, leaving the 16-19 year old behind. The suspect on foot ran up to the van and jumped in when the suspect vehicle then turned around and drove away. Helvey aborted the chase.

Helvey said the driver of the suspect vehicle was approximately 15-19 years old with dark skin, possibly Asian or Hispanic.

Officer Bernhard took Helvey with her to try and locate the house the suspect was at. Everett PD was also contacted to do an area check for the vehicle at the registered owner's address in Everett. No suspects or suspect vehicles were found.

I knocked on the victim's door but nobody responded. I left my card with the case number in the front door weather stripping for them to contact me back.

I took digital photographs of the victim's van and the attached trailer at the place where the crime had occurred. These photographs were later placed on a compact disk and booked into the Lake Stevens Police Department evidence room as evidence to the fact.

Officer Bernhard and I cleared the scene at 0210 hours.

Officer Bernhard later gave me a statement from the victim, Lance J. Morehouse (DOB 1963), in above incident.

Morehouse said when he arrived home from Bellingham he noticed the rear of his van was damaged and the tires were about 12 inches sideways from where it had been originally parked.

See Officer Bernhard's narrative for her follow-up.

ATTACHMENT:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER N. ADAMS #127	APPROVED BY <i>[Signature]</i> #127	<i>[Signature]</i> 8/13/14
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**LSPD
ORIGINAL**

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run/Unattended	INCIDENT NUMBER 14-01815
NAME OF VICTIM(S) Morehouse, Lance J.		

Statement – Helvey

Statement – Morehouse

Narrative – Officer Bernhard

Copies of Two Evidence Log sheets

CAD run

END OF REPORT.

LSPD
ORIGINAL

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER N. ADAMS #127	APPROVED BY <i>[Signature]</i> 8/13/14
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FOLLOW-UP REPORT

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION Hit and Run/Unattended	INCIDENT NUMBER 14-01815
NAME OF VICTIM(S) Morehouse, Lance		

On 8/6/2014 at approximately 1840 hours, I responded to a1828 92nd DR SE in the City of Lake Stevens to obtain a written statement from the victim of a Hit and Run collision which occurred on 7/31/2014. I met with Lance Morehouse at his residence. Morehouse told me that he was informed by his neighbor of the collision but had been out of town at the time. Morehouse explained that his wife's van was moved about 1' from the collision impact.

Morehouse pointed out damage to his van that was not immediately apparent the night of the collision. The lower right rear quarter of the vehicle had been crushed inward approximately 4". There was a distinct rub mark along where the damage was located. Morehouse explained that the damage that was originally noted on his trailer was old and that the trailer did not appear to have any new damage caused by a collision.

I took digital photographs of the damage to Morehouse's van. The photographs were later transferred to compact disk and booked into the Lake Stevens Policed Department as evidence. A written statement provided by Morehouse was added to the Case report.

Nothing further.

**LOPD
ORIGINAL**

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER K. Bernhard #120	APPROVED BY <i>[Signature]</i> 8/23/14
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01815

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Helvey Cameron Boyd	RACE C	ETH	SEX M	DOB 11-15-77	AGE 37	HGT 62	WGT 205	HAIR B	EYES B
STREET ADDRESS 1833 92nd DR SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-533-1684		PLACE OF EMPLOYMENT Fire Line Auto						
WORK PHONE		EMAIL ADDRESS								

I, Cameron Helvey, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I observed A Green/Blue VAN BACK into Neighbor's VAN at Address 1833 92nd DR SE and take off wildly so I followed VAN up 92nd and across 91st where I observed a young 16-19 yr old with bandana on face jump out of VAN into yard. When I blocked vehicle it accelerated leaving friend in yard. he ran to VAN jumped in and turned around I got lic # and aborted CHASE Lic # AMK-7018 Driver of VAN 15-19 yrs dark skin Asian - Hispanic -

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 7-31-14	LOCATION SIGNED 1833 92nd
OFFICER/NUMBER: Adams #127	DATE SIGNED 7/31/14	LOCATION SIGNED 1833 92nd, LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01815

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Morehouse Lance J.	RACE W	ETH	SEX M	DOB 7/27/63	AGE 51	HGT 6'	WGT 230	HAIR brn	EYES Hzi
STREET ADDRESS 1828 92nd Dr. SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS own		
HOME PHONE 425-335-0968		CELL PHONE 425-367-1687		PLACE OF EMPLOYMENT Sherwood Comm. Svcs						
WORK PHONE 425-404-3103		EMAIL ADDRESS Lmorehouse@Sherwoodcs.org								

I, Lance Morehouse, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

7/31/14

I found out that my van was hit by my neighbor when we returned from Bellingham. The rear of the van was moved sideways about 12" from the impact. The neighbor told me it was a green van that hit it and he chased the vehicle to get the license plate #.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Lance Morehouse</u>	DATE SIGNED: <u>8/6/14</u>	LOCATION SIGNED: <u>residence</u>
OFFICER/NUMBER: <u>K. BERHARD #120</u>	DATE SIGNED: <u>8-6-14</u>	LOCATION SIGNED: <u>LAKE STEVENS WA</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <u>Adams #127</u>		Case Number <u>14-01815</u>	
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)		Type of Case: <u>Hit and Run</u>		Date/Time: <u>8/5/14 2255</u>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # NA 1 Action # 3	Item <u>CD with pics</u>	Brand Name <u>Compucessory</u>		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found <u>1828 92nd Dr SE, LKS</u>	Weight of Narcotic		
Owner's Name <u>LSPD</u> Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <u>#127</u>					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

LSPD
ORIGINAL

Case # 14-01815

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>R. STEVENS #720</i>		Case Number <i>14-01815</i>				
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>		Type of Case: <i>H&R UNAT</i>		Date/Time: <i>8-11-14 1849</i>				
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfk will be held for 60 days or 60 days past owner notification						
Item # <i>105-1</i> Action # <i>3</i>	Item <i>PHOTO CD</i>		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name <i>LSPD</i>		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#720</i>								
Item # Action #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>		Date:		CAD/RMS Checked		ROUTING: _____
Name: _____ # _____		NCIC/WACIC +		Date:		Owner Letter Sent:		White: Property Room
Date: _____ Time: _____		NCIC/WACIC -		Date:		Owner Letter Sent:		Yellow: Case File

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